

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

J. D. Bennett **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

Registration District No. _____

149

Primary Registration District No.

1002

44606

STATE FILE NUMBER

Registrar's No. **5976**

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		d. STREET ADDRESS <u>6628 Park Ave</u>	
3. NAME OF DECEASED (Type or print) <u>OLIVER Todd SMITH</u>		4. DATE OF DEATH <u>Dec. 15, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 10, 1888</u>
9. AGE (In years birthday) <u>69</u>		10. FUNDING YEAR <u>1957</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>Retired Conductor</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>	
13. BIRTHPLACE (City and state or country) <u>Grenada, Kansas</u>		14. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. FATHER'S NAME <u>EBENEZER C. SMITH</u>		16. MOTHER'S MAIDEN NAME <u>LUCY D. LANE</u>	
17. NAME OF HUSBAND OR WIFE <u>DAISY T. SMITH</u>		18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>NO</u>	
19. SOCIAL SECURITY NO. <u>70818-8408</u>		20. INFORMANT <u>O.T. SMITH JR.</u> Address <u>9604 E. 66th Street, Raytown, Mo.</u>	
21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Ascending Colon</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		22. INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> <u>153+</u>	
23. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour _____ a.m. _____ p.m.		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. CITY, TOWN, OR LOCATION		28. COUNTY	
29. STATE		30. I attended the deceased from _____ August 1957 to Dec 15 57 and last saw her alive on Dec 15, 1957	
31. Death occurred at _____ 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		32. SIGNATURE (Degree or title) <u>D. Bennett MD</u>	
33. ADDRESS <u>Kansas City, Mo</u>		34. DATE SIGNED <u>12/16/57</u>	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		36. DATE <u>DEC-17-1957</u>	
37. NAME OF CEMETERY OR CREMATORY <u>FOREST Hill</u>		38. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>	
39. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		40. ADDRESS <u>1331 BRUSH CREEK R.C., MO</u>	
41. DATE RECD. BY LOCAL REG. <u>12-17-57</u>		42. REGISTRAR'S SIGNATURE <u>neva minshall</u>	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Norman W. T. Loun*

Licensed Embalmer No. *4859*

P. O. Address *105, 5th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.